

U.S. Department of Justice
United States Marshals Service

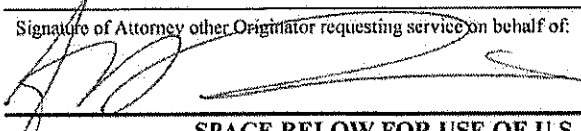
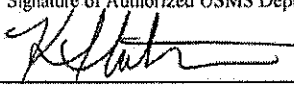
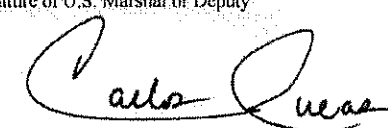
PROCESS RECEIPT AND RETURN

See

PLAINTIFF Ornrat Keawsri et al.	COURT CASE NUMBER 17-CV-2406
DEFENDANT Ramen-Ya, Inc. et al.	TYPE OF PROCESS Writ of Execution
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Kil S. Jung ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 16 West 32nd Street, New York, New York 10001	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Florence Rostami Florence Rostami Law, LLC 420 Lexington Avenue, Suite 1402 New York, New York 10017	Number of process to be served with this Form 285 1 Number of parties to be served in this case 3 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

property upon which to execute includes cash received by Kil S. Jung from defendants Ramen-Ya, Inc. and Y&S International Corp.

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (917) 846-0335	DATE 5/22/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 11/12	District of Origin No. 054	District to Serve No. 054
Signature of Authorized USMS Deputy or Clerk 		Date 5/26/2023	
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)	Date 5/31/23	Time 1128	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 		

Costs shown on

>>

REMARKS

1 hr roundtrip
5 miles
10 miles roundtrip

\$65 X 1 = \$65
10 miles X .6555 = 6.55

Total - \$71.55

I hereby certify and return that I have not received any funds for case # 17cv2406
Judgment: Unsatisfied
Dated: 7/31/2023
United States Marshals Service

DUSM Hours?

DUSM miles?

RECEIVED
CIVIL SECTION
2023 MAY 24 PM 10:43
U.S. MARSHALS SERVICE
SOUTHERN NEW YORK
Form USM-285
Rev. 03/21

054-1: 2017-cv-02406-11